

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5
 For use by Members, officers, and employees

HAND DELIVERED

Patrick Alan Nunnelee
 (Full Name)

202-225-4306
 (Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

MC 2011 MAY 11 PM 5:31

(Office Use Only)

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status

☒ Member of the U.S. House of Representatives
 State: MS
 District: 01

☐ Officer Or Employee
 Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Patrick Alan Nunnelee

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Allied Funeral Associates Inc.	Salary	\$105,300
Allied Funeral Associates Insurance Co.	Directors Fee	\$2,000
State of Mississippi	Salary	\$10,098
Lee County Schools	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Patrick Alan Nunnelee

Page 3 of 5

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Allied Funeral Holdings	\$250,001 - \$500,000	DIVIDENDS	\$2,501 - \$5,000	
JT	Allied Funeral Insurance Agency PA	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Allied Funeral Associates Inc.	\$15,001 - \$50,000	DIVIDENDS	NONE	
	Mississippi Public Employees Retirement System	\$50,001 - \$100,000	None	NONE	
	Mississippi Supplemental Legislative Retirement Plan	\$15,001 - \$50,000	None	NONE	
	Mississippi Deferred Compensation Plan-MS Senate*	None	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Patrick Alan Nunnelee

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	*Black Rock Equity	\$1,001 - \$15,000	None	NONE	
	*Fayez Saraform	\$1,001 - \$15,000	None	NONE	
	*Boston Co. Mid-Cap	\$1,001 - \$15,000	None	NONE	
	*Fidelity Diversified	\$1,001 - \$15,000	None	NONE	
SP	Mississippi Public Employees Retirement System	\$15,001 - \$50,000	None	NONE	

SCHEDULE VIII - POSITIONS

Name Patrick Alan Nunnelee

Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Allied Funeral Holdings
Director	Allied Funeral Insurance Agency PA
Director	Allied Funeral Associates Inc.
Director	Allied Funeral Associates Insurance Inc.

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
For use by Members, officers, and employees

HAND DELIVERED

Bennie G. Thompson
(Full Name)

202-225-5876
(Daytime Telephone)

2011 MAY 17 AM 9:41
(Office Use Only)

Filer Status

☒ Member of the U.S. House of Representatives
State: MS District: 2nd

☐ Officer Or Employee
Employing Office:

Report Type

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

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<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Bennie G. Thompson

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of Mississippi	Pension	\$8,500
State of Mississippi	Spouse Retirement Plan	N/A
Valic Retirement Services Company	Spouse Annuity	N/A
The Pension Boards - United Church of Christ	Spouse Pension	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bennie G. Thompson

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BLOCK A

Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

BLOCK B

Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

BLOCK E

Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	Congressional Federal Credit Union	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000	
SP	Congressional Federal Credit Union (See footnote)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Jackson Federal Credit Union Jackson, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Jackson Federal Credit Union Jackson, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Liberty National Bank accounts New Orleans, LA	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
JT	Trustmark Bank accounts Jackson, MS	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bennie G. Thompson

Page 4 of 8

JT	Regions Financial Corporation - Common Stock Providence, RI	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Regions Bank Clinton, MS	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	BancorpSouth Bank Clinton, MS	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	
SP	BancorpSouth Bank Clinton, MS	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Merchants and Planters Bank, Bolton, MS (See footnote)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Bolivar Cty Chancery Clerk Cleveland, MS (See footnote)	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Lot 1, L. C. Turner Circle Bolton, MS	\$1,001 - \$15,000	None	NONE	
	Dwelling, 212 Sharon Street Bolton, MS	\$15,001 - \$50,000	None	NONE	
	1 acre unimproved property, Mt. Olive Road Bolton, MS	\$1,001 - \$15,000	None	NONE	
	2 acres unimproved property, Northside Drive, Bolton, MS	\$1,001 - \$15,000	None	NONE	
JT	Lot 3, L. C. Turner Circle Bolton, MS	\$1,001 - \$15,000	None	NONE	
JT	Lot 540, Cottage Grove Subdivision Jackson, MS	\$1,001 - \$15,000	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Bennie G. Thompson

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JT	Lots 44 and 45 West Capitol Street Jackson, MS (See footnote)	\$15,001 - \$50,000	None	NONE	
SP	Lot 31, Less Highway, Block 7 Mound Bayou, MS	\$1,001 - \$15,000	None	NONE	
SP	Lot 8, Block 2 Southeast Annex Mound Bayou, MS	\$1,001 - \$15,000	None	NONE	
SP	AXA Equitable Annuity Syracuse, NY	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
JT	BancorpSouth Bank Jackson, MS	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	AIG Valic Annuity Insurance Houston, TX	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Hinds County Board of Supervisors Jackson, MS (See footnote)	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	1 acre unimproved property, Old Fairground Road Edwards, MS	\$1,001 - \$15,000	None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Bennie G. Thompson

Page 6 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
CBC Institute	Aug. 11-15	Bolton, MS-Tunica, MS- Bolton,MS	Y	Y	Y	None

SCHEDULE VIII - POSITIONS

Name Bennie G. Thompson

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	BLB Properties
Trustee Emeritus	Tougaloo College
Board Member	Housing Assistance Council

FOOTNOTES

Name Bennie G. Thompson

Page 8 of 8

Number	Section / Schedule	Footnote	This note refers to the following item
2	Schedule III	Previously 3231 and 3233 West Capitol Street; buildings removed and lots no longer have address numbers	West Capitol Street Jackson, MS (See footnote)
3	Schedule III	Interest generated from investment at county tax sale; interest computed @1.5% monthly for up to three years or until property redeemed by owner or transferred to buyer	Bolivar Cty Chancery Cleveland, MS
4	Schedule III	Checking account at local bank	Merchants and Planters Bank, Bolton, MS
5	Schedule VII	Unrelated to official duties as a CBC Institute board member	CBC Institute
6	Schedule III	Amount inadvertently included in Member's account last year	Congressional Federal Credit Union (See footnote)

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 6
For use by Members, officers, and employees

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 1:38

Gregg Harper
(Full Name)

202-225-5031
(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

Filer
Status

☒ Member of the U.S.
House of Representatives

State: MS
District: 03

☐ Officer Or
Employee

Employing Office:

Report
Type

☒ Annual (May 15)

☐ Amendment

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Termination Date:

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
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SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Gregg Harper

Page 2 of 6

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Mississippi College	Speech	May 6, 2010	\$500
Southwest MS Community College	Speech	May 12, 2010	\$200

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gregg Harper

Page 3 of 6

BLOCK A**Asset and/or Income Source**

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BLOCK B**Year-End
Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

BLOCK C**Type of Income**

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D**Amount of Income**

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BLOCK E**Transaction**

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	3 Country Place Pearl, MS 39208	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
SP	50% of 1/4 undivided interest 400 Acre Tract-Bentonla, MS	\$50,001 - \$100,000	Farm Income	\$2,501 - \$5,000	
	State of MS Def. Comp. Plan	\$50,001 - \$100,000	Deferred	NONE	
	State of MS State Retirement	\$1,001 - \$15,000	None	NONE	

SCHEDULE V - LIABILITIES

Name Gregg Harper

Page 4 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Citizens National Bank		Mortgage on 3 Country Place, Pearl, MS 39208	\$250,001 - \$500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Gregg Harper

Page 5 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Fu Jen Catholic University, Taiwan	Nov. 6-13	Jackson, MS-Los Angeles- Taipei, Taiwan-Los Angeles- Jackson, MS	Y	Y	Y	None

SCHEDULE IX - AGREEMENTS

Name Gregg Harper

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01/01/2010	Gregg Harper and Whitney Adams	Buyout by Whitney Adams of law firm of Gregg Harper payable over 10 years at a predetermined monthly payment beginning 02/01/2009 with balance due at the end of that 10 year period

MAY 13 2011

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UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT		Form A For use by Members, officers, and employees	
Name: Steven McCarty Palazzo		Daytime Telephone: 202-225-5772	
Filer Status <input checked="" type="checkbox"/> Member of the U.S. House of Representatives		State: Mississippi District: 4	
Report Type <input checked="" type="checkbox"/> Annual (May 16, 2011)		<input type="checkbox"/> Amendment <input type="checkbox"/> Termination	
		Employing Office: Termination Date:	
A \$200 penalty shall be assessed against anyone who files more than 30 days late.			

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 U.S. HOUSE OF REPRESENTATIVES

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.</p>							<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
SP		SP	Mega Corp. Stock		X										X		X		Royalties				X									S (partial)	
DC, Examples:			Simon & Schuster	Indefinite																													
JT			1st Bank of Paducah, KY Accounts		X																				X								
			Palazzo & Co., PLLC, Biloxi, MS/CPA	Firm				X											Sole Propri.									X					
			American Funds:EuroPacific Growth			X									X								X										
			American Funds:Growth Fund America			X									X							X											
			American Funds:Capital World Growth			X									X																		
			House:Jackson, MS				X									X										X							
			Bancoprpr South Bank Accts			X										X							X										

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name

Steven McCarty Palazzo

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	P, S, E	
	Public Employees Retirement-MS			X									X							X													
	Fidelity:Sptn 500 Index			X										X							X												
	Fidelity: FID Freedom 2035			X										X		X					X												
	Hewitt:Lifestyle/Premix			X									X								X												
	Hewitt:Bonds & Stocks			X									X								X												
	Hewitt: Large Stocks			X									X								X												
	Hewitt: Small Stocks			X									X								X												
	Farm Bureau:Fidelity VIP Contrafund			X									X								X												
	Farm Bureau:Fidelity VIP Growth			X									X								X												
	Farm Bureau:Fidelity High Income			X									X								X												
	Farm Bureau:Fidelity VIP Mid Cap			X									X								X												
	Farm Bureau: Fidelity VIP Index 500			X									X								X												
	Farm Bureau:T.Rowe Equity Income			X									X								X												
	Farm Bureau:T.Rowe Prime Reserve			X									X								X												
	Farm Bureau:T.Rowe Pers.			X									X								X												
	Muriel Siebert:Halliburton			X										X								X											S
	Muriel Siebert:Money Market				X								X								X												
	**Farm Bureau is a variable Annuity																																
	**Hewitt is a Retirement/Saving Account not self directed																																

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SCHEDULE V— LIABILITIES

Name **Steven McCarty Palazzo**

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	BancorpSouth Mortgage		May 09	House:Jackson, MS				X						
	American Express		Oct 10	Revolving Charge Acct		X								

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Director	Boys & Girls Club of the Gulf Coast
Director	Gulf Coast YMCA
Co-Chairman	Mississippi Legislative Sportman's Caucus

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement